

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/975,420	
	Filing Date	October 11, 2001	
	First Named Inventor	Jong-Keun Ahn	
	Art Unit	2121	
	Examiner Name	Shute, Douglas M.	
Total Number of Pages in This Submission	23	Attorney Docket Number	8836-143 (IB11007-US)

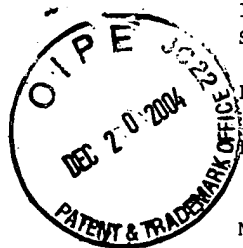
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Change of Corres. Address 2. Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Richard D. Ratchford Jr., Reg. No. 53,865, F. Chau & Associates, LLC
Signature	<i>Richard D. Ratchford Jr.</i>
Date	12/14/04

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Typed or printed name	Richard D. Ratchford Jr.		
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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In re application of: Jong-Keun Ahn
Serial No.: 09/975,420

PATENT APPLICATION
Attorney Docket: 8836-143 (IB11007-US)

Group: Art Unit 2121

Filed: October 11, 2001

Examiner: Shute, Douglas M.

For: METHOD AND DEVICE FOR PROGRAMMING
NONVOLATILE SEMICONDUCTOR MEMORY

Date: December 14, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	OR ADDIT. RATE FEE
TOTAL	17 MINUS	20	=	X 25 \$	X 50 \$ 0
INDEP.	2 MINUS	3	=	X 100 \$	X 200 \$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 180 \$	X 360 \$
				TOTAL	OR TOTAL \$ 0
				ADDIT. FEE \$ 0	

- * If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge Deposit Account No. _____ in the amount of \$ _____. Two (2) copies of this sheet are enclosed.
- [] Credit Card Payment Form PTO-2038 for \$ _____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0679. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0679 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

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Attorney for Applicant

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Dated: 12/14/04

Richard D. Ratchford Jr.